

**Amendments to the Specification:**

Please replace paragraph [0025] with the following amended paragraph:

[0025] At least one but preferably two slots 21a, 21b extend from the second transition point  $T_2$  to the tip open end face. The slots reduce the hoop (radial) strength of the tip along the third and fourth segments  $S_3$ ,  $S_4$  for reasons explained below. The slots may colinearly extend from respective grooves 14a, 14b (14b not shown but is coextensive with drawer groove 60a seen in Fig. 1B) extending along the inside wall of the lumen through the tip wherein opposite sides of the IOL optic periphery 31a slide during passage of the IOL through the device and into the eye. Since the slots reduce the hoop strength of the tip along segments  $S_3$ ,  $S_4$ , the inserted segment  $S_{44}$  will spread outwardly under the force exerted by the compressed IOL as it travels through those segments as seen in Fig. 6. For surgeons who prefer to insert the tip only up to the first third transition point  $T_{3+}$ , the spreading action of this portion of the tip effectively "anchors" the inserted portion (segment  $S_4$ ) of the tip in the eye until the IOL has completely exited the device. This anchoring effect is important in preventing the surgeon from losing control of the IOL insertion process, especially in those circumstances where the surgeon prefers to insert only up to the point of the ~~second~~ third transition point  $T_{3+}$  to maintain a very small diameter incision (i.e., in the range of about 2.0 to 2.5mm). To explain, with only a small length of the tip inserted through the incision (i.e., only up to point  $T_{3+}$ ), and without such anchoring of the tip within the eye, the force of the IOL exiting the tip may cause an inserter to decenter and/or kick back from the incision, possibly resulting in incorrect placement within the eye or the IOL expressing from the tip completely outside of the eye. The anchoring effect of the inventive tip thus ensures the tip will remain centered in the incision and in the eye until the IOL is completely expressed from the tip. Once the IOL is fully expressed from the tip into the eye, the resiliency of the tip causes

the tip to return to its normal diameter (as seen in Figs. 1-5) allowing easy withdrawal of the tip from the eye with no stretching of the incision.

Please replace paragraph [0026] with the following amended paragraph:

[0026] The injector tip is thus dimensioned to allow the surgeon to choose an insertion depth between first, second or third transition points defined on the tip, with the first and second transition points being larger in diameter than the third transition point and all diameters being about or less than 3mm. If the surgeon wishes to insert through an incision around or just below 3mm, the surgeon may insert the device up to the first or second transition point T<sub>1</sub>, T<sub>2</sub>. If the surgeon instead wishes to insert through a very small incision size (e.g., about 2.4mm), the surgeon will insert the tip only up to the ~~first~~third transition point T<sub>3</sub> and the insertion device will remain stable owing to the unique anchoring design thereof.